

## **RAPAFLO PA SUMMARY**

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of benign prostatic hyperplasia (BPH)
- ❖ Provider should submit documentation of allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two of the following preferred agents for BPH: doxazosin, Flomax, terazosin, and Uroxatral.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.gbp.georgia.gov](http://www.gbp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.gbp.georgia.gov](http://www.gbp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.